

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER 2:11-CV-202
DEFENDANT DEBRA A. LANE	TYPE OF PROCESS Subpoena to Produce Documents

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
CITIZENS BANK c/o J. William (Bill) Beard
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
130 South Broad Street, New Tazewell, TN 37825

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW U.S. Attorneys Office Attn: Suzanne H. Bauknight 800 Market Street, Suite 211 Knoxville, TN 37902	Number of process to be served with this Form 285	
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

PLEASE SERVE PERSONALLY.

Bank Phone # 423-526-5000

RECEIVED
JUL 10 PM 12:56
S. MARSHAL
KNOXVILLE, TN
DATE 7/9/12

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>S. Bauknight</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 865-545-4167	DATE 7/9/12
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 74	District to Serve No. 74	Signature of Authorized USMS Deputy or Clerk <i>JD</i>	Date 7-10-12
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) Dixie GRAY FINANCIAL SERVICE MANAGER	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 7/12/12 Time 3:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>Campbell</i>

Service Fee \$53.10.00	Total Mileage Charges including endeavors 50.05	Forwarding Fee	Total Charges \$160.05	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED